

Walper Manual Osteopathic.inc  
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### **Orthodontic considerations**

The normal mobility of the cranium gets compromised somewhat during orthodontic corrections. The degree to which this happens depends on the types of appliances used and on the ability of the patient to tolerate the changes brought about by the appliance. The healthier the person, the better, the body can integrate the orthodontic changes. Most orthodontic corrective appliances fall into two categories—fixed or functional. Fixed appliances, such as braces or head-gear, hold firm the relationship of some teeth to other teeth. Because teeth are imbedded in bone, this rigid relationship of teeth to each other results in rigidity in the motion of the maxilla and mandible and, through them, limits the normal motion of other bones of the skull. Functional appliances, such as adjustable plate expanders, ALF, and Crozat permit the cranial bones to retain more of their motion pattern during orthodontic procedures.

### **Tooth Extraction**

The topic of tooth extractions is controversial. Sometimes, avoiding tooth extractions would make the treatment unnecessarily lengthy and complex. The osteopathic view on the topic is to avoid tooth extractions whenever possible. Removing teeth may have an impact on the stability and alignment of the teeth and therefore on the rest of the cranio-facial system.

### **Tongue**

Tongue muscle action is a powerful force in shaping the developing oral cavity. When the tongue is not functioning properly within the mouth, speech and breathing are also affected. Especially in conditions like respiratory allergies, asthma, and speech problems, paying attention to proper tongue function is important. The osteopath can relax the tongue muscles and ensure proper nerve innervation. A myofunctional therapist is needed to re-learn proper use of the tongue.